

<i>SERFF Tracking Number:</i>	<i>FRCS-128304121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jefferson National Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>5727</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Variable Annuity</i>		
<i>Project Name/Number:</i>	<i>JEFFNAT/62/62</i>		

Filing at a Glance

Company: Jefferson National Life Insurance Company

Product Name: Variable Annuity	SERFF Tr Num: FRCS-128304121	State: Arkansas
TOI: A03I Individual Annuities - Deferred Variable	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: A03I.002 Flexible Premium	Co Tr Num: 5727	State Status: Approved-Closed
Filing Type: Form	Authors: Exselsa Cartwright, Michael Cochran	Reviewer(s): Linda Bird
	Date Submitted: 04/26/2012	Disposition Date: 05/02/2012
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: JEFFNAT/62	Status of Filing in Domicile: Pending
Project Number: 62	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted on or about this same date with the Interstate Compact.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 05/02/2012
	State Status Changed: 05/02/2012
Deemer Date:	Created By: Michael Cochran
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:
Filing Description:	
We have been retained by Jefferson National Life Insurance Company to file the enclosed forms for approval in your state.	

Our fee of \$200 has been sent by EFT on this same date. This fee is based on the Company's domicile state.

The Company offers their assurance that Regulation 6 has been reviewed and that the Company is in compliance.

SERFF Tracking Number: FRCS-128304121 State: Arkansas
Filing Company: Jefferson National Life Insurance Company State Tracking Number:
Company Tracking Number: 5727
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Variable Annuity
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These forms are new and will not replace any previously approved forms on file.

The forms have been submitted in John Doe fashion, and they are in final format.

The Asset Allocation Rider, form JNL-AAMRIDER-512, allows the Owner, Registered Representative or Financial Advisor to allocate some or all of the Contract Value to one or more of the offered Asset Allocation Models at any time under the terms described in the rider. If an Asset Allocation Model is elected, the model will determine which Portfolios the Contract Value is invested in and how much of the Contract Value is allocated to each Portfolio. The models are dynamic which means the underlying Portfolios within each model may and probably will change over time. Whenever a model changes, the Contract Value will be reallocated to match the revised model allocation. The models will be reviewed quarterly and could change at any time.

The rider will be made a part of the contract both at issue and after the date of issue of a contract.

The Asset Allocation Rider may be used with previously approved contracts JNL- 2300-1 approved by your department on 03/09/2006 or JNL-2300-2 and 403(b) approved by your department on 01/09/2007.

Application JNL-6005-5-AR is a paper application that will be used to apply when the rider is offered with the policy.

Because these forms are subject to federal jurisdiction, the Flesch requirements do not apply.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

State Narrative:

Company and Contact

Filing Contact Information

Michael Cochran, Compliance Specialist michael.cochran@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2756 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Jefferson National Life Insurance Company CoCode: 64017 State of Domicile: Texas
9920 Corporate Campus Drive Group Code: Company Type:

SERFF Tracking Number: FRCS-128304121 State: Arkansas
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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Variable Annuity
Project Name/Number: JEFFNAT/62/62
Louisville, KY 40223 Group Name: Jefferson Nat State ID Number:
Financial G
(502) 587-3809 ext. [Phone] FEIN Number: 75-0300900

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? Yes
Fee Explanation: \$100 per form x 2 = \$200. This fee is based on the Company's domicile state.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jefferson National Life Insurance Company	\$200.00	04/26/2012	58648809

SERFF Tracking Number: *FRCS-128304121* *State:* *Arkansas*
Filing Company: *Jefferson National Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *5727*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Variable Annuity*
Project Name/Number: *JEFFNAT/62/62*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/02/2012	05/02/2012

SERFF Tracking Number: *FRCS-128304121* *State:* *Arkansas*
Filing Company: *Jefferson National Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *5727*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Variable Annuity*
Project Name/Number: *JEFFNAT/62/62*

Disposition

Disposition Date: 05/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-128304121 State: Arkansas

Filing Company: Jefferson National Life Insurance Company State Tracking Number:

Company Tracking Number: 5727

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Variable Annuity

Project Name/Number: JEFFNAT/62/62

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Asset Allocation Rider		Yes
Form	Application		Yes

SERFF Tracking Number: FRCS-128304121 State: Arkansas

Filing Company: Jefferson National Life Insurance Company State Tracking Number:

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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Variable Annuity

Project Name/Number: JEFFNAT/62/62

Form Schedule

Lead Form Number: JNL-AAMRIDER-512

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	JNL-AAMRIDER-512	Certificate	Asset Allocation Rider	Initial		0.000	JNL-AAMRIDER-512.pdf
		t, Insert Page, Endorsement or Rider					
	JNL-6005-5-AR	Application/ Enrollment Form	Application	Initial		0.000	JNL-6005-5-AR_JohnDoe d.pdf

Jefferson National Life Insurance Company

Dallas, Texas

Administrative Office: [9920 Corporate Campus Drive, Suite 1000 • Louisville, Kentucky • 40223]

ASSET ALLOCATION MODEL RIDER

This Rider is made a part of the Annuity Contract (“Contract”) to which it is attached as of the Contract Date, unless a later Effective Date is shown below. In the case of a conflict with any provision in the Contract, the provisions of this Rider will control. Except as, modified by this Rider, the provisions of the Contract apply to this Rider. This Rider may use terms that are defined in the Contract; when this occurs, the definition in the Contract applies to the Rider. If not terminated earlier pursuant to the provision of this Rider, this Rider will terminate when the Contract terminates.

DEDUCTION FOR ASSET ALLOCATION MODEL FEE: For an additional fee, the Company’s affiliate [JNF Advisors, Inc. (“JNF Advisors”)], offers the [Jefferson National Models powered by CAPTRUST]. A listing of the asset allocation models (“Asset Allocation Models”) currently available and the current annual fees charged for each are listed below:

[JNL Conservative]	[50 bps]
[JNL Moderate]	[50 bps]
[JNL Moderate Growth]	[50 bps]
[JNL Growth]	[50 bps]
[JNL Aggressive]	[50 bps]

The Asset Allocation Model Fee will be charged quarterly, or upon exit of the program, as a percentage of the average daily Contract Value invested in the Asset Allocation Models. The Asset Allocation Model Fee will be deducted on a pro-rata basis from the Portfolios in the Asset Allocation Models. The Asset Allocation Models offered may change at any time without notice.

At any time, the Owner, Registered Representative or Financial Advisor may allocate some or all of the Contract Value to one or more Asset Allocation Models. The Company reserves the right to not permit an Owner to participate in the Asset Allocation Model program unless the Owner is advised by a Registered Representative or Financial Advisor. This rider only applies to any Contract Value allocated to an Asset Allocation Model. If an Asset Allocation Model is elected, the model will determine which Portfolios the Contract Value is invested in and how much of the Contract Value is allocated to each Portfolio. The models are dynamic which means the underlying Portfolios within each model may and probably will change over time. Whenever a model changes, the Contract Value will be reallocated to match the revised model allocation. The models will be reviewed quarterly and could change at any time.

The minimum initial contribution to an Asset Allocation Model without Our consent is [\$10,000].

After investing in the Asset Allocation Model program, the Owner must remain invested for at least 30 days.

While participating in an Asset Allocation Model, the Owner, Registered Representative or Financial Advisor may transfer Contract Value by changing models.

Any partial withdrawal from an Asset Allocation Model must be made pro rata from the model.

No portion of the Subscription Fee will be deducted from the Asset Allocation Models unless the value of the Contract outside the Asset Allocation Models is insufficient.

We reserve the right to terminate the Owner’s participation in the Asset Allocation Models at the Company’s discretion, including, but not limited to, breach of any advisory agreement between the Owner and [JNF Advisors], breach of any agreement between the Registered Representative or Financial Advisor and [JNF Advisors], for non-payment of Asset Allocation Model Fees or if the Owner is no longer advised by a Registered Representative or Financial Advisor who has entered into the applicable agreements with [JNF Advisors]. In any of these events, the

Contract Value invested in the Asset Allocation Models will be retained in the same Portfolios but outside of the Asset Allocation Model program. The Owner, Registered Representative or Financial Advisor will be responsible for trading between Portfolios in the future.

Additionally, the Company will terminate participation in the Asset Allocation Models:

- if the Contract Value in an Asset Allocation Model drops below [\$5,000], after making a withdrawal from the Contract or transfer out of such model. If this occurs, the Contract Value invested in the Asset Allocation Models will be retained in the same Portfolios but outside of the Asset Allocation Model program. The Owner, Registered Representative or Financial Advisor will be responsible for trading between Portfolios in the future.
- if the full Contract Value is applied to an annuity option;
- upon a full withdrawal of the total Contract Value;
- upon notification of death; or
- if the Owner, Registered Representative or Financial Advisor requests that the Company terminate participation in the Asset Allocation Models (electronically or by telephone).

DEFINITION CHANGES

The following definitions in your Contract are modified by this Rider:

ADJUSTED CONTRACT VALUE: The Contract Value less any applicable Premium Tax, less any applicable Subscription Fee less any applicable Transaction Fee, less any applicable Asset Allocation Model Fee. This amount is applied to the applicable Annuity Tables to determine Annuity Payments.

CONTRACT WITHDRAWAL VALUE: The Contract Value less any applicable Premium Tax, less any applicable Subscription Fee, less any applicable Transaction Fee and less any applicable Asset Allocation Model Fee.

PROCEEDS PAYABLE ON DEATH

The following provision is modified as follows:

DEATH BENEFIT AMOUNT DURING THE ACCUMULATION PERIOD: The death benefit will be the Contract Value determined as of the end of the Valuation Period during which the Company receives both due proof of death and an election for the payment method, reduced by the applicable portion of the Subscription Fee, and any applicable Transaction Fee.

Effective Date: [06/01/2012]

Jefferson National Life Insurance Company has signed this Rider.

<p>Signed</p>  <p>President</p>	<p>Signed</p>  <p>Secretary</p>
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[MONUMENT ADVISOR], A FLEXIBLE DEFERRED VARIABLE ANNUITY APPLICATION

Owner is (check one):

☒ Individual ☐ Trust* ☐ CRT* ☐ Corporation* ☐ Other* _____

* Non-natural contract owners must accompany application with additional form: JNL-6000 Due Diligence Supplement.

1A. PRIMARY OWNER

1B. JOINT OWNER (if applicable)

Name (first, mi, last)

John, A., Doe

Street Address

123 Street

Address Cont'd

City

Any City

State

ANY

Zip

35624

SS#/Tax ID #

123-45-6789

Phone

(123) 456-7890

Birth Date (mo, day, yr)

08, 11, 76

☒ Male

☐ Female

Name (first, mi, last)

Street Address

Address Cont'd

City

State

Zip

SS#/Tax ID #

Phone

Birth Date (mo, day, yr)

☐ Male

☐ Female

2A. ANNUITANT ☒ Same as Primary Owner

2B. JOINT ANNUITANT (if applicable) ☐ N/A ☐ Same as Joint Owner

Name (first, mi, last)

Street Address

City

State

Zip

SS#/Tax ID #

Phone

Birth Date (mo, day, yr)

☐ Male

☐ Female

Name (first, mi, last)

Street Address

City

State

Zip

SS#/Tax ID #

Phone

Birth Date (mo, day, yr)

☐ Male

☐ Female

3A. PRIMARY BENEFICIARIES (if blank, we will default to the primary owner's estate)

3B. CONTINGENT BENEFICIARIES (if blank, we will default to the primary owner's estate)

Name #1 (first, mi, last)

Jane, R., Doe

Relationship

Mother

SS#/Tax ID #

141-34-7648

Birth Date (mo, day, yr)

05, 24, 46

Percentage

100

Name #2 (first, mi, last)

Relationship

SS#/Tax ID #

Birth Date (mo, day, yr)

Percentage

Name #1 (first, mi, last)

Relationship

SS#/Tax ID #

Birth Date (mo, day, yr)

Percentage

Name #2 (first, mi, last)

Relationship

SS#/Tax ID #

Birth Date (mo, day, yr)

Percentage

☐ Check here to include additional beneficiaries on separate page.

☐ Check here to include additional beneficiaries on separate page.

4. ELECTRONIC ACCESS

As Primary Owner of the Contract, I hereby agree to access all information relating to my Contract electronically, through my Jefferson National online account which shall be established upon issuance of my contract. I can access my Contract through the Jefferson National website, www.iejfnat.com.

I agree to visit the Jefferson National website periodically to review all documents relating to my Contract. I agree to keep Jefferson National apprised of any changes to my e-mail address shown below. I agree to maintain the password security of my online account and understand that I will be responsible for all orders, data, information or requests using my password. If I suspect there is unauthorized use of my password, I agree to notify Jefferson National immediately.

The e-mail address provided will only be used for communication related to my Contract with Jefferson National and shall not be used for any other purposes. Except as permitted by law, Jefferson National does not transfer customer data to unaffiliated third parties.

Primary Owner e-mail address (required) John.doe@ejfnat.com

5. PURCHASE PAYMENT/PLAN TYPE (Fill out Section A or Section B.)

A. Nonqualified:

Estimated Amount: \$ _____ [(\$25,000 minimum)]

☐ 1035 Exchange

(Requires Form VA121: Authorization to Transfer Funds and state replacement forms.)

OR

☐ New Money

Amount: \$ _____ [(\$25,000 minimum)] paid by:

☐ Enclosed Check (Payable to: Jefferson National Life Insurance Company)

☐ EFT Bank Routing/ABA # _____

Account # _____ ☐ Checking ☐ Savings

*Please provide a voided check

☐ Other (Requires Form VA 121: Authorization to Transfer Funds and state replacement forms.)

B. Qualified:

☐ Transfer

Estimated Amount \$ _____ [(\$25,000 minimum)]

☐ Rollover

(Requires Form VA121: Authorization to Transfer Funds and state replacement forms.)

OR

☒ New Money

Amount: \$ 100,000 [(\$25,000 minimum)] paid by:

☒ Enclosed Check (Payable to: Jefferson National Life Insurance Company)

☐ EFT Bank Routing/ABA # _____

Account # _____ ☐ Checking ☐ Savings

*Please provide a voided check

☐ Other (Requires Form VA 121: Authorization to Transfer Funds and state replacement forms.)

Qualified Plan Type:

☐ IRA

☐ Roth IRA

☐ SEP IRA

☐ Simple IRA

☐ ERISA

☐ IRA Contribution for Tax Yr: _____

☐ Other _____

6. DEATH BENEFIT OPTION (select one only)

☒ Return of Contract Value (default)

☐ Guaranteed Minimum Death Benefit - may not be available in all states
(please contact us for additional information and pricing)

7. INVESTMENT OPTIONS: Until your contract is funded, a Money Market Option or Asset Allocation Model listed below must be selected. Once your contract is funded, you may choose from available investment options. Go to www.jeffnat.com or see the Investment Option Guide for a list of available options.

☒ Money Market

☐ 100% Invesco Money Market; or

☒ 100% ProFunds Money Market

☐ Asset Allocation Models
 (may not be available in all states)

Additional fees apply. Please contact us, or your Investment Advisor, for pricing. An Investment Advisor or Registered Representative must be advising your Contract in order to elect an Asset Allocation Model. You will be required to consent to receive all investment portfolio documents electronically (see section 4). After investing in the Asset Allocation Model Program, you must remain in one or more Asset Allocation Models for at least 30 days.

Model Name

Allocation

☐ JNL Conservative

_____ %

☐ JNL Moderate

_____ %

☐ JNL Moderate Growth

_____ %

☐ JNL Growth

_____ %

☐ JNL Aggressive

_____ %

_____ %] Total (must equal 100%)

8. FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

9. OWNER STATEMENT

All statements made on all pages of this application are true to the best of my knowledge and belief and I agree to all terms and conditions as stated herein. I also agree that this application may become a part of my annuity contract. **I further verify my understanding that all payments and values provided by the contract, when based on the investment experience of the variable account, are variable and are not guaranteed as to dollar amount.** I acknowledge receipt of a current prospectus. Under penalty of perjury, I certify that the social security or taxpayer identification number is correct as it appears in this application.

I understand that Jefferson National may, from time to time, sponsor conferences or otherwise remunerate broker/dealers or other third parties for marketing or other services. I understand that if a financial advisor affiliated with a broker/dealer assisted me in the purchase of this variable annuity, he/she may be acting as an agent of Jefferson National.

NOT FDIC/NCUA INSURED	MAY LOSE VALUE	NO BANK GUARANTEE
NOT A DEPOSIT	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	



Are there any life insurance policies or annuity contracts owned by or on the life of the owner or the annuitant? ☐ Yes ☒ No

Will the proposed contract replace any existing annuity or insurance contract? ☐ Yes* ☒ No

**If yes, Replacement requirements must be followed. (All transfers and/or exchanges are considered replacements.)*

By signing below, I am authorizing the Registered Representative(s) listed in section 8A to trade on my behalf.

Signature of Owner:

John A. Doe

Date:

05, 27, 2012

Signature of Joint Owner:

Date:

SPECIAL REMARKS:

FOR HOME OFFICE USE

10. REGISTERED REPRESENTATIVE (To be signed by Registered Representative, if any.)

Special Notes:

- If you are an agent, affiliated with a Broker Dealer, and have been or will be appointed by Jefferson National, you certify, by signing this form, that you have asked all the questions on the application and correctly recorded the answers of the proposed Owner/annuitant. You attest that you have presented to the Company all pertinent facts. You must complete sections 10A and 10B (Registered Representative Replacement Questions).

10A. REGISTERED REPRESENTATIVE

Name of Registered Representative:

Jefferson National Advisor ID: (if known)

Broker Dealer Name

Advisory Firm Name:

Jefferson National Firm ID: (if known)

Address:

Phone:

Fax:

Email: (required)

Tax ID# / SS#:

10B. REGISTERED REPRESENTATIVE REPLACEMENT QUESTIONS (to be answered by Registered Representatives)

Are there any life insurance policies or annuity contracts owned by or on the life of the owner or the annuitant?

☐ Yes ☐ No

Do you, as advisor/agent, have reason to believe the product applied for will replace existing annuities or life insurance?

☐ Yes ☐ No

☐ Check here to include additional Registered Representatives on a separate page.

Registered Representative Signature:

Date:

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Product Name: Variable Annuity
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: The forms are subject to federal jurisdiction and accordingly Flesch requirements do not apply.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The application to be used is being filed for approval on the Form Schedule Tab.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Authorization		
Comments:		
Attachment:		
AUTH.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certificate of Compliance		
Comments:		
Attachment:		
AR COC.pdf		

March 7, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Jefferson National Life Insurance Company

By: _____

Craig Hawley

Title: _____
General Counsel & Secretary

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Jefferson National Life Insurance Company

Form Title(s): Asset Allocation Rider, Application

Form Number(s): JNL-AAMRIDER-512, JNL-6005-5-AR

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Craig Hawley
General Counsel & Secretary

April 20, 2012
Date